



## Registration and Application for Permit

Mark appropriate box(es) for the tax type(s) you are registering:

☐ Lodging Facility Tax (LFT)    ☐ Rental Vehicle Tax (RVT)    ☐ Withholding Tax (WTH)

1. <input type="checkbox"/> Federal ID No. _____		2. Enter date you are starting business _____	
<input type="checkbox"/> Social Security No. _____			
3. Legal Owner's Name _____		4. DBA _____	
5. Legal Business Address (must be a street address) _____			
City _____		State _____	Zip Code _____
6. Mailing Address _____			
City _____		State _____	Zip Code _____
7. Contact Person _____		Phone _____	FAX No. _____ E-mail _____
8. Type of Business (check all that apply)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLP	LLC (check one below)
<input type="checkbox"/> Sub S Corp.	<input type="checkbox"/> "C" Corporation	<input type="checkbox"/> Government	<input type="checkbox"/> Member Managed
			<input type="checkbox"/> Manager Managed
9. Reason for application: (check applicable box and complete section below if indicated. See instructions on back.)			
<input type="checkbox"/> Started new business	<input type="checkbox"/> Purchased existing business	<input type="checkbox"/> Re-registration	<input type="checkbox"/> Other (Please attach explanation)

10. All registrants complete the following sections as required:

Complete this section for individual business.	Owner Name _____ SS# _____ Phone _____
Complete this section if business is a partnership, LLC, LLP, Sub S Corp. or "C" Corporation. List additional partners on reverse side of this form.	President or Partner _____ SS# _____ Phone _____
	Secretary or Partner _____ SS# _____ Phone _____
	Treasurer or Partner _____ SS# _____ Phone _____
Complete this section if you purchased an existing business.	Previous Business Name _____ Date Acquired _____
	Previous Owner(s) _____
<b>(LFT and RVT only)</b> Complete this section for <u>each</u> location. (attach additional pages if necessary). See instructions on back.	Doing Business as (DBA) Name _____
	DBA Business Address (physical location) _____
	City _____ State _____ Zip Code _____ County _____
	Contact Person _____ Phone _____
	Nature of Business _____
	Are you a seasonal business? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what months are you in operation? _____
	Is this facility within city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Registration Instructions

- Item 1** List federal identification or social security number as used to report to the Internal Revenue Service
- Item 2** Enter the date you started business. For withholding purposes, the date employees started work.
- Items 3-6** Please enter the legal name and address information associated with the federal identification number or social security number listed (as reported to the Internal Revenue Service). Include any DBA names.
- Item 7** List the person that you wish contacted for questions concerning your accounts with the Department of Revenue.
- Item 8** Select the type of business entity you are registering.
- Item 9** Enter the reason for your registration.
- Item 10** Complete the section that corresponds to your answer to items 8 and 9. List all owners, partners or corporate officers. Remember to include addresses and social security numbers.

List additional owners, partners or corporate officers

Name and Address	Social Security Number
_____	_____
_____	_____

### LFT and RVT

Please enter the physical location information. It is important to identify if the facility is inside or outside the city limits and the appropriate county the facility is located in. If you have more than one facility, you must provide name and address information for each individual location. Each location will be issued a permit for the sales and use tax.

List additional facilities (LFT and RVT only). Attach a separate sheet if there are more than two additional facilities.

_____				
Doing Business as (DBA) Name				
_____				
DBA Business Address (physical location)				
_____	_____	_____	_____	
City	State	Zip Code	County	
_____			_____	
Contact Person			Phone	

  

_____				
Doing Business as (DBA) Name				
_____				
DBA Business Address (physical location)				
_____	_____	_____	_____	
City	State	Zip Code	County	
_____			_____	
Contact Person			Phone	

Nature of Business \_\_\_\_\_

Are you a seasonal business? ☐ Yes ☐ No

If yes, what months are you in operation? \_\_\_\_\_

Is this facility within city limits? ☐ Yes ☐ No

Mail completed form to:  
Business Registration  
Montana Department of Revenue  
PO Box 5805  
Helena, MT 59604

Phone: (406) 444-6900  
FAX: (406) 444-0722